



STATE OF NEW YORK DEPARTMENT OF HEALTH

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TO: All Health Care Providers, including Hospitals, Diagnostic and Treatment Centers, Nursing Homes, Adult Care Facilities, Home Care Agencies, Pharmacies, and County Health Departments

FROM: New York State Department of Health Bureau of Communicable Disease Control

Influenza Vaccine Shortage Advisory: Update #3

Please distribute immediately to all appropriate departments, including Infection Control Department, Emergency Department, Employee Health Service, Infectious Disease Department, Director of Nursing, Medical Director, and Director of Pharmacy.

1. Use of Live Attenuated Influenza Vaccine (LAIV) in Health Care Facilities

During the current shortage of inactivated influenza vaccine, LAIV is an important option for the vaccination of most health care workers. Approximately 3 million doses of LAIV, manufactured by MedImmune and marketed under the name FluMist, will be available this season. The New York State Department of Health (NYSDOH) recommends that long-term care facilities, hospitals, and other health care facilities, administer Flumist to appropriate health care workers. For every dose of LAIV used to immunize a health care worker, a dose of inactivated vaccine is freed up to immunize a person who is in one of the high risk groups who cannot receive LAIV.

Live Attenuated Influenza Vaccine (LAIV) - LAIV is a live, attenuated, trivalent, vaccine that is administered intranasally. LAIV is indicated for active immunization for the prevention of disease caused by influenza A and B viruses in healthy persons aged 5-49 years, including persons in close contact with groups at high risk, and those wanting to avoid influenza. The LAIV contains the same 3 strains that the trivalent inactivated vaccine contains.

Use of LAIV by Health Care Workers - LAIV may be administered to the majority of health care workers in nursing homes, hospitals, and outpatient settings. LAIV should not be administered to those health care workers who have close contact with severely immunosuppressed persons (e.g., patients with hematopoietic stem cell transplants) during those periods in which the immunosuppressed person requires care in a protective environment. LAIV can be used for the vaccination of health care workers who have close contact with persons with lesser degrees of immunosuppression (e.g., persons with diabetes, persons with asthma and who take corticosteroids, or persons infected with human immunodeficiency virus) or all other groups at high risk.

If a health care worker receives LAIV, that worker should refrain from contact with severely immunosuppressed patients, as described above, for 7 days after vaccine receipt. Health care workers who have received LAIV can be temporarily reassigned to other work locations.

Severely immunocompromised persons should not administer LAIV. However, other persons at high risk for influenza complications may administer LAIV. This includes persons with underlying medical conditions, pregnant women, persons with asthma, and persons who are aged 65 years or older.

LAIV Dosage and Administration - LAIV is intended for intranasal use only and should not be administered by the intramuscular, intradermal, or intravenous route. It is supplied in a prefilled single-use sprayer containing 0.5 mL of vaccine. Approximately 0.25 mL (i.e., half of the total sprayer contents) is sprayed into the first nostril while the recipient is in the upright position. An attached dose-divider clip is removed from the sprayer to administer the second half of the dose in the other nostril. If the vaccine recipient sneezes after administration, the dose should not be repeated.

LAIV can be administered to persons with minor acute illnesses such (e.g., diarrhea or mild upper respiratory tract infection with or without fever). However, if clinical judgment indicates nasal congestion is present that might impede delivery of the vaccine to the nasopharyngeal mucosa, deferral of administration should be considered until resolution of the illness.

LAIV and Use of Antiviral Medications - The effect on safety and efficacy of LAIV coadministration with influenza antiviral medications has not been studied. However, because influenza antivirals reduce replication of influenza viruses, LAIV should not be administered until 48 hours after cessation of influenza antiviral therapy, and antiviral medications should not be administered for 2 weeks after the receipt of LAIV.

LAIV Storage - LAIV must be stored at -15 degrees Celsius (C) or colder. LAIV should not be stored in a frost-free freezer because the temperature might cycle above -15 degrees C. The vaccine can be stored in a frost-free freezer if a manufacturer-supplied freezer box is used. LAIV can be thawed in a refrigerator and stored at 2 degrees C to 8 degrees C for up to 24 hours before use. It should not be refrozen after thawing.

How to Order LAIV - FluMist can be ordered directly from the manufacturer, MedImmune, by contacting their distributor, General Injectables and Vaccines (GIV), at 1-877-FluMist (1-877-358-6478). There is no limit on the size of an order that is placed by a long term care facility or a hospital. Other providers ordering FluMist for the first time will be limited in the amount that they can purchase.

More Information on LAIV - Additional information on LAIV can be obtained from the CDC influenza website at www.cdc.gov/flu, or from MedImmune's website at www.flumist.com. An additional source of information is *Prevention and Control of Influenza, Recommendations of the Advisory Committee on Immunization Practices (ACIP)*, MMWR Recommendations and Reports, April 28, 2004/ 53 (RR06); 1-40.

2. Steps to Ensure Appropriate Distribution of Influenza Vaccine to High Risk Individuals.

If they have not already done so, physicians, hospitals and any other providers who serve high-risk patients and others in priority groups to receive vaccine should recontact the source from whom they had originally ordered influenza vaccine and reiterate their need for vaccine as a provider for high-risk individuals. This will ensure that orders from providers serving priority groups are forwarded to Aventis Pasteur.

Physicians and health care facilities that have influenza vaccine that they do not need for priority groups should contact the Immunization Program, NYSDOH, or their local county or city health department so that such vaccine can be redistributed to providers in need.

If vaccine redistribution should occur, the influenza vaccine and its transfer must comply with FDA's current good manufacturing requirements. Information on proper handling, storage, and shipping can be found at http://www.cdc.gov/nip/publications/vac_mgt_book.htm#flu. Additionally, public health preparedness legal materials are available at: <http://www.phppo.cdc.gov>.

Many vaccine providers are using screening questionnaires to determine whether people fit into a priority group for vaccination with inactivated influenza vaccine. A form to assist providers with the screening of patients and staff is available at <http://www.cdc.gov/flu/professionals/flugallery/pdf/vaccinescreeningform.pdf>. The form may also be distributed to the public and used as a self-screening tool.

3. Letters to Hospitals and Long Term Care Facilities

A letter to hospitals that addresses emergency department overcrowding and infection control issues was distributed on October 26. A letter to nursing homes addressing steps to control spread of flu and use of antiviral medication was distributed on October 28. Letters have been posted on the NYSDOH HIN/HAN/HPN.

Within the last two weeks, long-term care facilities should have received in the mail the NYSDOH “Influenza Prevention and Control 2004-05” recommendations. This document is also available on the NYSDOH public website at http://www.health.state.ny.us/nysdoh/flu/2004-2005_guidelines/index.htm. Please refer to this document for more complete information about surveillance and control of nosocomial influenza.

4. Influenza Disease Activity

As flu season progresses, summary information of influenza disease activity will be available on the NYSDOH public website and the HIN/HAN/HPN. Please refer to the NYSDOH's website at <http://www.health.state.ny.us/nysdoh/flu/index.htm> for weekly statewide influenza surveillance information.

We thank you for your ongoing dedication and cooperation during this difficult period.